





SENATE RESOLUTION

MADAM PRESIDENT:

I offer the following resolution and move its adoption:

A SENATE RESOLUTION assigning a directive to the Mandated Benefits Task Force.

Whereas, The General Assembly needs information to determine the impact of legislation, if passed, that would require insurance companies and health maintenance organizations to make a direct payment to an out-of-network health care provider if a patient has made an assignment of benefit to the health care provider; and

Whereas, The cost of this requirement is currently unknown to the General Assembly, and further analysis is needed: Therefore,

Be it resolved by the Senate of the General Assembly of the State of Indiana:

SECTION 1. That the Mandated Benefits Task Force shall review
the costs incurred by other states that require direct payment to a
out-of-network provider with an assignment of benefit, evaluate the
cost and impact to the state if the General Assembly requires insurance
companies and health maintenance organizations to make a direct
payment to an out-of network health care provider who has an
assignment of benefit, and report back to the health finance
commission and the legislative council (in an electronic format under
IC 5-14-6) not later than September 1, 2008, with the task force's
findings and any recommendations.



2008 SR 2509/DI 84+